

## Right The FIRST Time – Reclaiming the process

Medical Assistance takes aim at a core business function – reimbursing providers

### NOW RTFT IS ON THE INTERNET, TOO

A new MAA Web site includes a variety of information that will be helpful to billing shops and providers in the state.

Regular features include:

- **Provider bulletins** that identify specific problems and suggest solutions
- An RTFT “**blog**” that reports conversations and ideas about fixing claims problems
- **Contact points at MAA** for providers and billing shops who have questions

### DIANE WEEDEN HEADS RTFT PROJECT

Diane Weeden, a former Director of the Division of Program Support, returned to Medical Assistance



Administration in 2004 to head up the special quality improvement project called Right The First

Time, or simply RTFT. In her new role, Diane will work closely with DPS Director **MaryAnne Lindeblad** and **Steven Wish**, Director of the Division of Customer Support.

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**R**eimbursing providers for health care is at the center of what we do in the Medical Assistance Administration. Providers file a claim -- we pay it.

But over the course of the next year (fiscal 2005), MAA is focusing new energy on that primary function in an effort to upgrade our processes a hundred different ways. All of those strategies and action plans will have a single goal – **Right The First Time (RTFT)**.

The RTFT project, which was officially launched in the spring of 2004, is using quality improvement principles to increase the number of “clean claims,” i.e., those billings that can be processed automatically by our payment system.

In the past, MAA and its providers have generally viewed this process through blinders that limited our vision to what happens in Claims Processing after the claim has been received. But in fact, reasons for rebilling a claim lie much further back – to the time a provider enrolls with Medicaid, to the directions we give providers in MAA’s billing instructions, to the outreach efforts by our provider liaison sections, and to the assistance we do or don’t make available when providers are having problems.

All of these processes share a common denominator. It is the opportunity to influence the way a provider submits his or her claim to MAA. The way that claim is submitted is what determines whether Claims Processing can promptly pay it – or whether the claim must be “suspended” for correction or clarification.

RTFT aims to bring those disparate sections of MAA together in a common purpose – influencing the shape of that claim BEFORE it is submitted.

The first job is already under way -- identify data needs and resources we can get from the Medicaid Management Information System (MMIS) and other data sets. That step is allowing MAA to start inventorying its current practices and reviewing how current claims are influenced by payment processes. Stay tuned!



## Steering Committee

**Sidonie Turner**, Providence Medical Center, customer representative; **Susan Lucas**, Director, Division of Business and Finance, MAA; **Steven Wish**, Director, Division of Customer Support; **John Gaisford**, Program Manager, Division of Medical Management; **Laura Piliaris**, Program Manager, Division of Policy and Analysis; **MaryAnne Lindeblad**, Director, Division of Program Support; **Heidi Robbins-Brown**, Deputy Assistant Secretary; **Sandy McDonald**, Quality Steering Committee; **Jim Stevenson**, Communications Director; **Tamishia Garrett**, Facilitator; **Diane Weeden**, RTFT Project Manager

## Solutions Team

**Thaivan Nguyen**, DBF; **Gary Monroe**, DCS; **Norma Leavitt**, DCS; **Gary Farrior**, DCS; **Diane Baum**, DMM; **Gini Egan**, DMM; **Ann Myers**, DPA; **Chris Johnson**, DPS; **Scott Palafox**, DPS; **Denise Davidson**, DPS; **Chuck Cummings**, ISD; **Cathie Ott**, ISD; **Karen De Leon**, MMIS Reprocurement; **Andrew Pittalkau**, HIPAA; **Steve Orton**, QSC; and **Dennis Doyle**, Washington Federation of State Employees; **Tamishia Garrett**, Facilitator

## SUBSCRIBE to RTFT

e-mail publications and alerts: Just send your e-mail address to [stevej2@dshs.wa.gov](mailto:stevej2@dshs.wa.gov)

## Initial projects get under way as part of Right The First Time

- MAA staff have analyzed more than 1 million denied claims so far in 2004, looking for the most common reasons for denials as well as hidden “icebergs” that are causing problems.
- An RTFT communications project developed the first in series of provider bulletins to reduce denials. The first bulletin was on correct PIC codes; the second will be on provider numbers (our top two reasons for denials)
- RTFT has also established a free electronic provider publications alert to keep providers better informed of current MAA policies and billing instructions.
- The RTFT project initially identified 45 providers who had higher than average claims-denial rates and contacted them individually by letter to open a discussion of their claims experience. MAA’s Provider Relations Section is following up on the survey to offer education and training that will help reduce these denial rates.
- RTFT has identified a number of internal system changes -- including ways to allow the system to re-calculate math errors rather than simply denying the claim and returning it for correction. These are under review.
- Work groups are looking at possibilities for better coordination and alignment of the Medicare and Medicaid claims requirements.
- Work groups also are reviewing a change in Medicaid’s response when third party payers’ contribution is greater than the Medicaid maximum allowable. Currently, Medicaid denies the claim; however, a better transaction may be to “pay at zero,” correctly reporting the claim status to the provider and permitting the claim to be included in post pay audits.
- The RTFT plans to survey all billing instructions regarding requirements to include comments on the claim or submit backup documents to adjudicate claims. The goals are to reduce the number of comments and attachments, eliminate the need for those claims to suspend for an adjudicator to review and decrease the time it takes to complete the adjudication process. The work group is also finding cases in which too much information is the problem, since unnecessary comments or unsolicited documents suspend claims.
- The RTFT Web site includes opportunities for providers to give the project feedback and to contribute suggestions and ideas about systemic claims problems. So far, this dialogue has proven very helpful.
- RTFT has also initiated joint activities with the Washington Dental Service (WDS) to address the mutual problem of numerous dental submission claim forms. WDS and MAA would like to work with dental providers to ensure that the same forms are accepted by the state’s largest dental insurer and MAA. The alignment should reduce dental providers’ administrative burden, while reducing the time it takes WDS and MAA to adjudicate dental claims.



**IDEAS FOR RTFT? SEND THEM BY E-MAIL TO: [WEED@DSSH.WA.GOV](mailto:WEED@DSSH.WA.GOV)**

### To locate billing instructions and provider memos on the MAA Web page:

1. Go to the MAA home page: <http://maa.dshs.wa.gov>
2. Click on “Provider Publications/Fee Schedules”
3. “Accept” conditions, enter site and choose items from menu

